

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (Rev. 5/99)

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 1. CIR./DIST./ DIV. CODE<br>H1XHO   |  | 2. PERSON REPRESENTED<br><b>SAMUEL K. KAAUWAI, III</b>   |  | VOUCHER NUMBER  |  |
| 3. MAG. DKT./DEF. NUMBER  |  | 4. DIST. DKT./DEF. NUMBER<br>CRIMINAL NO. 03-00248 DAE   |  | 5. APPEALS DKT./DEF. NUMBER   |  |
| 7. IN CASE/MATTER OF (Case Name)<br>USA vs. SAMUEL K. KAAUWAI, III  |  | 8. PAYMENT CATEGORY<br><input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense<br><input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other<br><input type="checkbox"/> Appeal |  | 9. TYPE PERSON REPRESENTED<br><input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant<br><input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee<br><input type="checkbox"/> Other |  |
| 10. REPRESENTATION TYPE<br>(See Instructions)   |  |  |  |   |  |
| 11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i>   |  |  |  |   |  |
| 12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS<br><br>PAMELA E. TAMASHIRO ( # 3492 )<br>OCEAN VIEW CENTER<br>707 RICHARDS STREET, PH 7<br>Honolulu, Hawaii 96813<br>Telephone Number : (808) 528-3332 |  |  | 13. COURT ORDER<br><input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel<br><input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney<br><input checked="" type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel<br><br>Prior Attorney's <u>EMMETT E. LEE LOY, ESO.</u><br>Appointment Dates: <u>1/10/07</u><br><input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR<br><input type="checkbox"/> Other (See Instructions) |   |  |
| 14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)  |  |  | Signature of Presiding Judicial Officer or By Order of the Court<br><br><u>APRIL 3, 2007</u><br>Date of Order      Nunc Pro Tunc Date<br>Repayment or partial repayment ordered from the person represented for this service at time appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO   |   |  |

| CLAIM FOR SERVICES AND EXPENSES                              |  |                      | FOR COURT USE ONLY        |                            |                   |
|--|--|----------------------|---------------------------|----------------------------|-------------------|
| CATEGORIES (Attach itemization of services with dates)       | HOURS CLAIMED  | TOTAL AMOUNT CLAIMED | MATH/TECH. ADJUSTED HOURS | MATH/TECH. ADJUSTED AMOUNT | ADDITIONAL REVIEW |
| 15. In   | a. Arraignment and/or Plea                                     |                      |                           |                            |                   |
|  | b. Bail and Detention Hearings                                 |                      |                           |                            |                   |
|  | c. Motion Hearings   |                      |                           |                            |                   |
|  | d. Trial   |                      |                           |                            |                   |
|  | e. Sentencing Hearings   |                      |                           |                            |                   |
|  | f. Revocation Hearings   |                      |                           |                            |                   |
|  | g. Appeals Court   |                      |                           |                            |                   |
|  | h. Other (Specify on additional sheets)                        |                      |                           |                            |                   |
| (RATE PER HOUR = \$ 92.00 ) TOTALS:                          |  |                      |                           |                            |                   |
| 16. Out of   | a. Interviews and Conferences                                  |                      |                           |                            |                   |
|  | b. Obtaining and reviewing records                             |                      |                           |                            |                   |
|  | c. Legal research and brief writing                            |                      |                           |                            |                   |
|  | d. Travel time   |                      |                           |                            |                   |
|  | e. Investigative and other work (Specify on additional sheets) |                      |                           |                            |                   |
| (RATE PER HOUR = \$ 92.00 ) TOTALS:                          |  |                      |                           |                            |                   |
| 17. Travel Expenses (lodging, parking, meals, mileage, etc.) |  |                      |                           |                            |                   |
| 18. Other Expenses (other than expert, transcripts, etc.)    |  |                      |                           |                            |                   |
| <b>GRAND TOTALS (CLAIMED AND ADJUSTED):</b>                  |  |                      |                           |                            |                   |

|  |  |  |  |                      |  |
|--|--|--|--|----------------------|--|
| 19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE<br>TO: _____   |  | 20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION |  | 21. CASE DISPOSITION |  |
| 22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment  |  |  |  |                      |  |
| Have you previously applied to the court for compensation and/or reimbursement for this Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO      If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>If yes, give details on additional sheets.<br>I swear or affirm the truth or correctness of the above statements.<br>Signature of Attorney _____ Date _____ |  |  |  |                      |  |

| APPROVED FOR PAYMENT — COURT USE ONLY   |  |                            |  |                     |  |
|---|--|----------------------------|--|---------------------|--|
| 23. IN COURT COMP.  |  | 24. OUT OF COURT COMP.     |  | 25. TRAVEL EXPENSES |  |
| 26. OTHER EXPENSES  |  | 27. TOTAL AMT. APPR./CERT. |  |                     |  |
| 28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER   |  |                            |  | DATE                |  |
| 28a. JUDGE/MAG. JUDGE CODE  |  |                            |  |                     |  |
| 29. IN COURT COMP.  |  | 30. OUT OF COURT COMP.     |  | 31. TRAVEL EXPENSES |  |
| 32. OTHER EXPENSES  |  | 33. TOTAL AMT. APPROVED    |  |                     |  |
| 34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) <i>Payment approved in excess of the statutory threshold amount.</i> |  |                            |  | DATE                |  |
| 34a. JUDGE CODE   |  |                            |  |                     |  |

**UNITED STATES DISTRICT COURT**

DISTRICT OF HAWAII  
300 ALA MOANA BLVD. ROOM C-209  
HONOLULU, HAWAII 96850

KEVIN S.C. CHANG  
UNITED STATES MAGISTRATE JUDGE

TELEPHONE: (808) 541-1308  
FAX: (808) 541-3519

April 3, 2007

Pamela E. Tamashiro, Esq.  
Ocean View Center  
707 Richards Street, PH 7  
Honolulu, HI 96813

Re: U.S.A. vs. SAMUEL M. KAAUWAI, III  
CRIMINAL NO. 03-00248 DAE

Dear Ms. Tamashiro:

Thank you for accepting the court's appointment to represent Samuel M. Kaauiwai, III in the above-entitled matter.

Enclosed is your appointment voucher.

As a reminder, any withdrawal and substitution of counsel, whether the substitute counsel is a panel attorney or a retained attorney, must have the prior approval of this court.

Very truly yours,



Kevin S.C. Chang  
United States Magistrate Judge

KSCC:waa  
Enclosure